

Foster Family Home - Corrective Action Report

Provider ID: 1-160083

Home Name: Alwyn Bonoan, CNA

Review ID: 1-160083-4

1419 Kokea Street

Reviewer: David Ayling

Honolulu

HI 96817

Begin Date: 11/30/2018

End Date: 11/30/18

Foster Family Home

Required Certificate

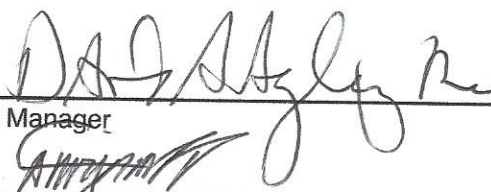
[17-1454-6]

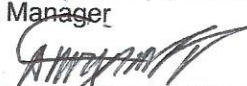
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 11/30/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 3 bed certification.


Compliance Manager


Primary Care Giver

11/30/18
Date

11-30-18
Date